

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE
APR 12 2005
LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
HEALTH AND HUMAN SERVICES SYSTEM

STATE OF NEBRASKA - DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

98.06611

1. DECEDENT - NAME		FIRST Carl	MIDDLE A.	LAST Mengedoht	2. SEX Male	3. DATE OF DEATH (Month Day Year) May 29, 1998
4. CITY AND STATE OF BIRTH (If born in U.S.A. name country) Rural Herman, Nebraska		5a. AGE - Last Birthday 73	5b. MONTH 73	5c. DAYS 0	5d. HOURS 00	5e. MINUTES 00
6. PLACE OF DEATH		HOSPITAL				
7. SOCIAL SECURITY NUMBER 505-46-7049		<input type="checkbox"/> Patient <input type="checkbox"/> ER Occupant <input type="checkbox"/> DOA				
8. FACILITY - Name 19855 County Road 11		<input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)				
9. CITY TOWN OR LOCATION OF DEATH Herman		10. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11. COUNTY OF DEATH Washington		
9a. RESIDENCE - STATE Nebraska	9b. COUNTY Washington	9c. CITY, TOWN OR LOCATION Herman	9d. STREET AND NUMBER (including Zip Code) 19855 County Rd 11 68029		9e. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. RACE - (e.g. White, Black, American Indian, etc.) (Specify) White	11. ANCESTRY (e.g. Italian, Mexican, German, etc.) (Specify) German	12. MARRIED 10	13. WIDOWED <input type="checkbox"/> Never <input checked="" type="checkbox"/> Divorced	14. NAME OF SPOUSE (If wife give maiden name) None		
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		14b. KIND OF BUSINESS INDUSTRY Farming		15. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) College (1-4 or 5+) 8th		
16. FATHER - NAME	FIRST Henry	MIDDLE Mengedoht	17. MOTHER	FIRST Martha	MIDDLE Maiden Surname Blum	
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, no. or unit) No	19. INFORMANT - NAME Jan Mengedoht					
20. INFORMANT MAILING ADDRESS 19855 County Road 11	21. STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP Herman, Nebraska 68029					
22. EMBALMER - SIGNATURE & LICENSE NO. <i>H. Rozanek</i> #1155		23. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Removal	24. DATE May 31, 1998	25. CEMETERY OR CREMATORIAL NAME Herman Cemetery		
26a. FUNERAL HOME - NAME Rozanek and Son Colonial Chapel		26b. Cremation <input type="checkbox"/> Donation	26c. CEMETERY OR CREMATORIAL LOCATION Herman, Nebraska	26d. CITY OR TOWN STATE		
27. FUNERAL HOME ADDRESS 904 North Bell Street		28. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) Fremont, Nebraska 68025				
29. IMMEDIATE CAUSE PART I CONGESTIVE HEART FAILURE DUE TO, OR AS A CONSEQUENCE OF IN N/A DUE TO, OR AS A CONSEQUENCE OF IN N/A		30. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related N/A				
31. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) /Type or Print/ EDMOND E. TALBOT, III, COUNTY ATTORNEY, COURTHOUSE, 1555 COLFAX, BLAIR, NE 32a. REGISTRAR <i>Stanley S. Cooper</i>		32b. DATE OF DEATH (Mo Day Yr) MAY 29, 1998				
33. DATE SIGNED (Mo Day Yr) MAY 29, 1998		34. TIME OF DEATH 9:56 A.M.				
35. To the best of my knowledge, death occurred at the time, date and place and due to the causes stated (Signature and Title) <i>Stanley S. Cooper, County Attorney</i>		36. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the causes stated (Signature and Title) <i>Stanley S. Cooper, County Attorney</i>				
37. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN		38. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
39. DATE FILED BY REGISTRAR (Mo Day Yr)		40. DATE FILED BY REGISTRAR (Mo Day Yr) JUN 16 1998				

Government
Exhibit

Certification of Lack of Record

To Whom it May Concern:

I certify that the Commissioner of the Internal Revenue has custody of Federal tax record(s) filed in, or accessible from, the office at the following address:

Street address

1973 N RULON WHITE BLVD MS 7000

City	State	ZIP code
OGDEN	UT	84201

The Commissioner of Internal Revenue would have the Federal tax record(s) described below, or entry(ies) pertaining to such record(s), stored at or accessible from this address. I certify that, having made a diligent search for the described record(s), no such record(s) or entry(ies) pertaining to such record(s) was/were found.

Description of Record(s) Sought

Taxpayer Identification Information

Taxpayer name	Taxpayer Identification Number (SSN, TIN, or ITIN)	
CARL A MENGEDOHT ESTATE	505-46-7049V	

Street address

19855 COUNTY ROAD 11

City	State	ZIP code
HERMAN	NE	68029

Description of Information Sought

FORM 706, US ESTATE TAX RETURN

Period(s)

DATE OF DEATH 5-29-1998

Affix IRS Seal here

Under authority of Commissioner Delegation Order 11-5 (or redelegation thereunder), I certify that the foregoing is true and correct, and I have signed this certification and affixed to it the seal of office of the Internal Revenue Service.

Name

JODY MECHAM

Title

SR DISCLOSURE SPECIALIST

Signature

Jody Mecham

Date signed

June 22, 2017

**Government
Exhibit**

B

United States



of America

Department of the Treasury
Internal Revenue Service

Date: June 15, 2017

CERTIFICATE OF OFFICIAL RECORD

I certify that the annexed transcript(s) is(are) an exact transcript of the account of the Taxpayer named herein in respect to the taxes specified. It is a true and complete transcript for the period(s) stated of all assessments, abatements, credits, and refunds relating thereto as disclosed by the records of this office as of the date of this certification. It also contains a statement of all unidentified and advanced payments, if any, for the periods(s) stated.

CARL A MENGEDOHT ESTATE

For tax period(s)

Form 706

Certification of Assessment and Payments consisting of 3 page(s)
under the custody of this office.

IN WITNESS WHEREOF, I have hereunto set my hand,
and caused the seal of this office to be affixed, on the day
and year first above written.

By direction of the Secretary of the Treasury:

Gina Y. Gann, Operations Manager
Accounting Control Services Operations
Cincinnati Submission Processing Center

Government
Exhibit

c

CERTIFICATE OF ASSESSMENTS, PAYMENTS, AND OTHER SPECIFIED MATTERS

CARL A MENGEDOHT ESTATE

EIN/SSN: 505-46-7049V

TYPE OF TAX: U.S. ESTATE TAX RETURN
FORM: 706 TAX PERIOD:

DATE	EXPLANATION OF TRANSACTION	ASSESSMENT, OTHER DEBITS (REVERSAL)	PAYMENT, CREDIT (REVERSAL)	ASSESSMENT DATE (23C, RAC 006)
07-18-2005	SUBSTITUTE FOR RETURN 17999-999-99999-5 200530		0.00	08-08-2005
	ADDITIONAL TAX ASSESSED BY EXAMINATION AUDIT, CLOSED TO APPEALS PRIOR TO 90 DAY LETTER 17547-609-10100-9 20093108		0.00	08-17-2009
	FAILURE TO PAY TAX PENALTY 20111408		138,040.00	04-18-2011
	ADDITIONAL TAX ASSESSED BY EXAMINATION AGREED AUDIT DEFICIENCY PRIOR TO 30 OR 60 DAY LETTER ASED 20140425 17547-490-70000-1 20111408		552,159.00	04-18-2011
04-18-2011	RENUMBERED RETURN 17547-490-70000-1			
	MISCELLANEOUS PENALTY 17547-490-70000-1 20111408		400,315.00	04-18-2011
	INTEREST ASSESSED 20111408		1,064,866.90	04-18-2011
08-25-2011	INTENT TO LEVY COLLECTION DUE PROCESS NOTICE LEVY NOTICE ISSUED			

CERTIFICATE OF ASSESSMENTS, PAYMENTS, AND OTHER SPECIFIED MATTERS

CARL A MENGEDOHT ESTATE

EIN/SSN: 505-46-7049V

TYPE OF TAX: U.S. ESTATE TAX RETURN
FORM: 706 TAX PERIOD:

DATE	EXPLANATION OF TRANSACTION	ASSESSMENT, OTHER DEBITS (REVERSAL)	PAYMENT, CREDIT (REVERSAL)	ASSESSMENT DATE (23C, RAC 006)
09-09-2011	INTENT TO LEVY COLLECTION DUE PROCESS NOTICE COLL DUE PROCESS NOTICE REFUSED/UNCLAIMED			
10-06-2011	LIEN CDP NOTICE			
10-26-2011	FEDERAL TAX LIEN			
11-21-2011	FEES AND COLLECTION COSTS		12.00	
05-05-2015	LEGAL SUIT PENDING			
04-18-2011	Statutory Notice of Balance Due			
05-23-2011	Statutory Notice of Intent to Levy			
10-29-2012	Statutory Notice of Balance Due			
11-04-2013	Statutory Notice of Balance Due			

FORM 4340 (REV. 01-2002)

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CERTIFICATE OF ASSESSMENTS, PAYMENTS, AND OTHER SPECIFIED MATTERS

CARL A MENGEDOHT ESTATE

EIN/SSN: 505-46-7049V

TYPE OF TAX: U.S. ESTATE TAX RETURN
FORM: 706 TAX PERIOD:

BALANCE 2,155,392.90

I CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE TAXPAYER NAMED ABOVE IN RESPECT TO THE TAXES SPECIFIED IS A TRUE AND COMPLETE TRANSCRIPT FOR THE PERIOD STATED, AND ALL ASSESSMENTS, ABATEMENTS, CREDITS, REFUNDS, AND ADVANCE OR UNIDENTIFIED PAYMENTS, AND THE ASSESSED BALANCE RELATING THERETO, AS DISCLOSED BY THE RECORDS OF THIS OFFICE AS OF THE ACCOUNT STATUS DATE ARE SHOWN THEREIN. I FURTHER CERTIFY THAT THE OTHER SPECIFIED MATTERS SET FORTH IN THIS TRANSCRIPT APPEAR IN THE OFFICIAL RECORDS OF THE INTERNAL REVENUE SERVICE.

SIGNATURE OF CERTIFYING OFFICER: 

PRINT NAME: GINA GANN
TITLE: OPERATIONS MANAGER, ACCOUNTING CONTROL/SERVICES

DELEGATION ORDER: D.O. II-5

LOCATION: INTERNAL REVENUE SERVICE

ACCOUNT STATUS DATE 06/14/2017

FORM 4340 (REV. 01-2002)

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